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PTO/SB/17 (10-03)
Approved for use through 07/31/2006. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

| FEE TRANSMITTAL for FY 2005 | | Complete if Known | |
|--|--|----------------------|------------------|
| Effective 10/01/2004. Patent fees are subject to annual revision. | | Application Number | 10/691,033 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Filing Date | October 21, 2003 |
| | | First Named Inventor | Zongquin Xia |
| | | Examiner Name | Susan D. Coe |
| | | Art Unit | 1654 |
| | | Attorney Docket No. | HASEL-65949 |
| TOTAL AMOUNT OF PAYMENT (\$) | | \$1,020.00 | |

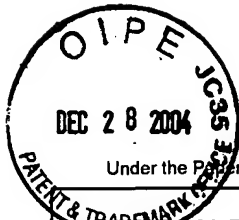
| METHOD OF PAYMENT (check all that apply) | | FEE CALCULATION (continued) | |
|--|--|-----------------------------|--|
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None | | 3. ADDITIONAL FEES | |
| <input checked="" type="checkbox"/> Deposit Account: | | Large Entity / Small Entity | |
| Deposit Account Number: 06-2425 | | Fee Code (\$) | |
| Deposit Account Name: FULWIDER PATTON | | Fee Description | |
| The Director is authorized to: (check all that apply) | | Fee Paid | |
| <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments | | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) | | | |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | | |
| FEE CALCULATION | | | |
| 1. BASIC FILING FEE | | | |
| Large Entity / Small Entity | | | |
| Fee Code (\$) | | Fee Description | |
| Fee Paid | | | |
| 1001 790 2001 395 Utility filing fee | | | |
| 1002 350 2002 175 Design filing fee | | | |
| 1003 550 2003 275 Plant filing fee | | | |
| 1004 790 2004 395 Reissue filing fee | | | |
| 1005 160 2005 80 Provisional filing fee | | | |
| SUBTOTAL (1) (\$) | | \$0.00 | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | | |
| Extra Claims | | Fee from below | |
| Total Claims -20** = 0 X | | Fee Paid 0.00 | |
| Independent Claims -3** = 0 X | | Fee Paid 0.00 | |
| Multiple Dependent | | | |
| Large Entity / Small Entity | | | |
| Fee Code (\$) | | Fee Description | |
| Fee Paid | | | |
| 1202 18 2202 9 Claims in excess of 20 | | | |
| 1201 88 2201 44 Independent claims in excess of 3 | | | |
| 1203 300 2203 150 Multiple dependent claim, if not paid | | | |
| 1204 88 2204 44 ** Reissue independent claims over original patent | | | |
| 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent | | | |
| SUBTOTAL (2) (\$) | | \$0.00 | |
| **or number previously paid, if greater; For Reissues, see above | | | |
| | | Other fee (specify) | |
| | | SUBTOTAL (3) (\$) | |
| | | \$1,020.00 | |

| SUBMITTED BY | | Complete (if applicable) | |
|-------------------|----------------|-----------------------------------|-------------------|
| Name (Print/Type) | Scott R.Hansen | Registration No. (Attorney/Agent) | 38,486 |
| Signature | | Telephone | (310) 824-5555 |
| | | Date | December 23, 2004 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**

Docket Number (Optional)

HASEL-65949Application Number **10/691,033**Filed **October 21, 2003**For **SMILAGENIN AND ITS USE**Art Unit **1654**Examiner **Susan D. Coe**

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

| 5 | | <u>Fee</u> | <u>Small Entity Fee</u> | |
|---|--|----------------------------------|-------------------------|-----------------|
| | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$110 | \$55 | \$ <u>0</u> |
| | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$430 | \$215 | \$ <u>0</u> |
| 5 | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$660 1,020.00 | \$490 | \$ <u>1,020</u> |
| | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1530 | \$765 | \$ <u>0</u> |
| | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2080 | \$1040 | \$ <u>0</u> |

☐ Applicant claims small entity status. See 37 CFR 1.27.☐ A check in the amount of the fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director has already been authorized to charge fees in this application to a Deposit Account.☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 06-2425. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).☐ attorney or agent of record. Registration Number _____☒ attorney or agent under 37 CFR 1.34.Registration number if acting under 37 CFR 1.34 38,486**FULWIDER PATTON LEE & UTECHT, LLP**By: 

Signature

Scott R. Hansen

Typed or printed name

December 23, 2004

Date

(310) 824-5555

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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